

Department Name:			Date:	
Report submitted by	y:	Loss discover	red by?	
Date of Incident:	Buildin	Time:	AM□ PM□	
Location:	Buildin	g:	Room:	
(1) was a Police Re	port Filed? Yes   No	☐ Report No. or Info	):	
If no, explain:				
(0) 15 (1) 1 (1)			w enforcement agency (on or off campus). Per SAM 8643	
` '	•	-	contain any Level 1 Data? Yes 🗌 No 🗍	
If yes, you MUS	3T contact SSU's Informa	ition Security Office a	nd Provide ISO Case Number here:	
(3) Did the loss occ	eur off campus? Yes	No ☐ If yes, comple	ete this section:	
Equipment was checked out to: Date:				
	ent:			
(4) Were items disc	overed missing during an	nnual inventory? Yes	s ☐ No ☐ If yes, complete this section:	
How were items			, , , , , , , , , , , , , , , , , , , ,	
Were rooms/cabinets locked? Yes ☐ No ☐ Was equipment cabled down? Yes ☐ No ☐				
If no, explain:				
•	ails relating to this loss:			
(5) Summanze deta	alis relating to this loss.			
-				
(6) What procaution	as are now in effect to pre	wont repeated less?		
(0) What precaution	ns are now in effect to pre	sveni repealed 1055 !		
(7) List stolen, missi	ing or damaged items: (U	lse attachment for add	ditional items or summery)	
PROPERTY TAG SERIAL NUMBER			DESCRIPTION/BRAND/MODEL	
TROI ERTITIAG	JERNAL NOMBER	DLOC	TION/BICAND/MODEL	
		_		
Signature of person reporting loss:			Date:	
Department:Title:			Phone:	
			Deter	
Signature of Property Manager:			Date:	
Signature of Division Vice President:			Date:	